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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L56091

1. Corporation Name

(6)

SHIRER & ASSOCIATES OF FLORIDA, INC.

Discount Discoun	at Divisional		Maili	na Addrasa			1				A1614 61614 B18-	
Principal Place of Business 1367 OAKFIELD DR BRANDON FL 33511			Mailing Address									
			POBOX 2657 BRANDON FL 33509-2657					·				
US US							Date Incorporated or 03/06/1990	r Qualified		ate of Last R /03/1996	eport	
2. Principal Pla	ice of Business		2a. N	Aailing Address			4.	FEI Number			A	oplied For
21			26					59-2996788				ot Applicable
Suite, Apt. #	Suite, Apt. #, etc		Suite, Apt. #, etc.			5.	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
22 Cit - 8 Ctulo			27	City & State				5111 O F	**			
City & State			28	only or orace			ŧ	Election Campaign F Trust Fund Contribut		П		May Be to Fees
23] Zip	Cor	intry		'ip	C	ountry		This corporation has		intangible		
24	25	·	29		30			Florida Statutes] Yes [
	9. Name and Ad	dress of Curren	t Registe	red Agent			10.	Name and Address	of New Re	gistered	Agent	
WEA	R, JOE T JR					81 Name			:			
	OAKFIELD DR					82 Street Ad	ddress (P	O. Box Number is N	ot Acceptat	ble)		
Brai	NDON FL 33509											
						83						
						84 City					85 Zip	Code
										FL	.	
11. Pursuant to	the provisions of	Sections 607.050	2 and 607	7.1508, Florida S	Statutes, the	above-named c	corporation and a	n submits this statem loard of directors. I h	ent for the pereby accer	purpose o	f changing i pointment as	ts registered realstered
Office of re	n familiar with and	accent the onlig	ations of,	Section 607.050	15. Florida S	tatules.	,,,,,,,,,,,	n submits this statem loard of directors. I h	.0.00) 0.000	be to or milet		
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SIGNATURE												
SIGNATURE	Signature, typed ox printed	rame of registered age	ent and title if a	applicable.	(NOTE: Regist	ered Agent signature re				DATE	DIRECTOR	OC IN 12
SIGNATURE 5	Signature, typed or printed		ent and title if a	applicable.	(NOTE: Regist	ered Agent signature re 3.		reinstating) ADDITIONS/CHANGE		DATE		
SIGNATURE 12. TITLE	Signature, typed or printed	name of registered age OFFICERS AN	ent and title if a	applicable.	(NOTE: Regist	ered Agent signature fa 3.				DATE	DIRECTOR	
SIGNATURE 12. TITLE NAME	PS WEAR, JOE T	OFFICERS AN	ent and title if a	applicable.	(NOTE: Regist 1: E 1.	ered Agent signature re 3. 1 TITLE 2 NAME				DATE		
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